

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/125031

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		3				
5		4				
6		5				
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16		15				
17	1	16				
18		17				
19		18				
20	1	19				
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25	1	24				
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32	1	31				
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45		44				
46		45				
47		46				
48		47				
49		48				
50		49				
TOTAL IND.	5					
TOTAL DEP.	98					
TOTAL CLAIMS	53					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY